

高雄榮民總醫院

子宮惡性肉瘤 診療指引

2021年 第一版 2021/05/04

婦癌醫療團隊擬訂

注意事項

這個診療原則主要作為醫師和其他保健專家診療癌症病人參考之用。假如你是一個癌症病人，直接引用這個診療原則並不恰當，只有你的醫師才能決定給你最恰當的治療。

修訂指引

- 本共識依下列參考資料修改版本
 - NCCN Clinical Practical Guidelines in Oncology TM Uterine Sarcoma Cancer (Version 1. 2021 — Oct 20, 2020)
 - 婦癌研究委員會，子宮惡性肉瘤癌篩檢臨床指引 (2011)：國家衛生研究院
 - 其他相關子宮惡性肉瘤臨床指引

會議討論

上次會議：2020/08/25

本共識與上一版的差異

| 上一版 | 新版 |
|-----------------------------|---|
| <p>1. 無Trabectedin化療處方。</p> | <p>1. 針對leiomyosarcoma，曾接受過anthracycline治療過的患者，新增Trabectedin 此化療處方。(P.11)</p> |

2009 FIGO Stage of Uterine Sarcoma

Leiomyosarcoma and ESS

| Stage | Definition |
|--|--|
| Leiomyosarcomas and endometrial stromal sarcomas | |
| I | Tumor limited to uterus |
| IA | Less than 5 cm |
| IB | More than 5 cm |
| II | Tumor extends beyond the uterus, within the pelvis |
| IIA | Adnexal involvement |
| IIB | Involvement of other pelvic tissues |
| III | Tumor invades abdominal tissues (not just protruding into the abdomen) |
| IIIA | One site |
| IIIB | More than one site |
| IIIC | Metastasis to pelvic and/or para-aortic lymph nodes |
| IV | |
| IVA | Tumor invades bladder and/or rectum |
| IVB | Distant metastasis |

Adenosarcoma

| Stage | Definition |
|---------------|--|
| Adenosarcomas | |
| I | Tumor limited to uterus |
| IA | Tumor limited to endometrium/ endocervix with no myometrial invasion |
| IB | Less than or equal to half myometrial invasion |
| IC | More than half myometrial invasion |
| II | Tumor extends to the pelvis |
| IIA | Adnexal involvement |
| IIB | Tumor extends to extrauterine pelvic tissue |
| III | Tumor invades abdominal tissues (not just protruding into the abdomen) |
| IIIA | One site |
| IIIB | More than one site |
| IIIC | Metastasis to pelvic and/or para-aortic lymph nodes |
| IV | |
| IVA | Tumor invades bladder and/or rectum |
| IVB | Distant metastasis |

※ Carcinosarcoma: 依照子宮內膜癌分期

AJCC 8th Ed. Stage for Uterine Carcinoma and Carcinosarcoma

Leiomyosarcoma and Endometrial Stromal Sarcoma

| T | FIGO Stage | Primary Tumor |
|---------------|-------------------|---|
| TX | | Primary tumor cannot be assessed |
| T0 | | No evidence of primary tumor |
| T1 | I | Tumor limited to the uterus |
| T1a | IA | Tumor 5 cm or less in greatest dimension |
| T1b | IB | Tumor more than 5 cm |
| T2 | II | Tumor extends beyond the uterus, within the pelvis |
| T2a | IIA | Tumor involves adnexa |
| T2b | IIB | Tumor involves other pelvic tissues |
| T3 | III | Tumor infiltrates abdominal tissues |
| T3a | IIIA | One site |
| T3b | IIIB | More than one site |
| T4 | IVA | Tumor invades bladder or rectum |
| N | FIGO Stage | Regional Lymph Nodes |
| NX | | Regional lymph nodes cannot be assessed |
| N0 | | No regional lymph node metastasis |
| N0(i+) | | Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm |
| N1 | IIIC | Regional lymph node metastasis |

| M | FIGO Stage | Distant Metastasis |
|-----------|-------------------|--|
| M0 | | No distant metastasis |
| M1 | IVB | Distant metastasis (excluding adnexa, pelvic, and abdominal tissues) |

G Histologic Grade

| | |
|-----------|---|
| GX | Grade cannot be assessed |
| G1 | Well differentiated |
| G2 | Moderately differentiated |
| G3 | Poorly differentiated or undifferentiated |

Table 4. AJCC Prognostic Stage Groups

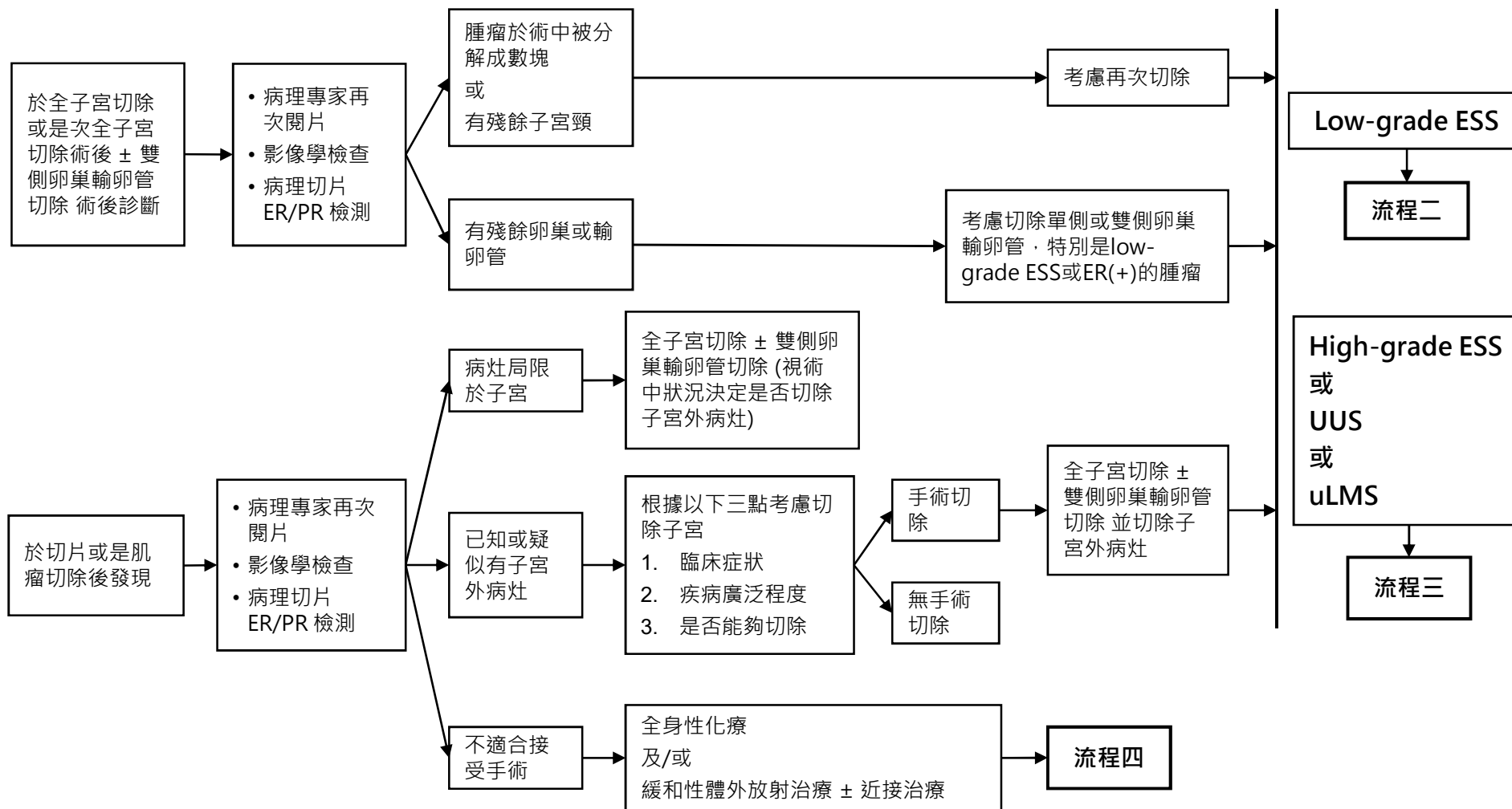
| | T | N | M |
|-------------------|----------|----------|----------|
| Stage I | T1 | N0 | M0 |
| Stage IA | T1a | N0 | M0 |
| Stage IB | T1b | N0 | M0 |
| Stage II | T2 | N0 | M0 |
| Stage IIIA | T3a | N0 | M0 |
| Stage IIIB | T3b | N0 | M0 |
| Stage IIIC | T1-3 | N1 | M0 |
| Stage IVA | T4 | Any N | M0 |
| Stage IVB | Any T | Any N | M1 |

高雄榮總婦癌團隊 子宮惡性肉瘤 臨床治療指引

初始臨床發現

附加檢查

初步治療 (建議由婦癌醫師執行) (18-20)



UUS: Undifferentiated uterine sarcoma
uLMS: Uterine leiomyosarcoma

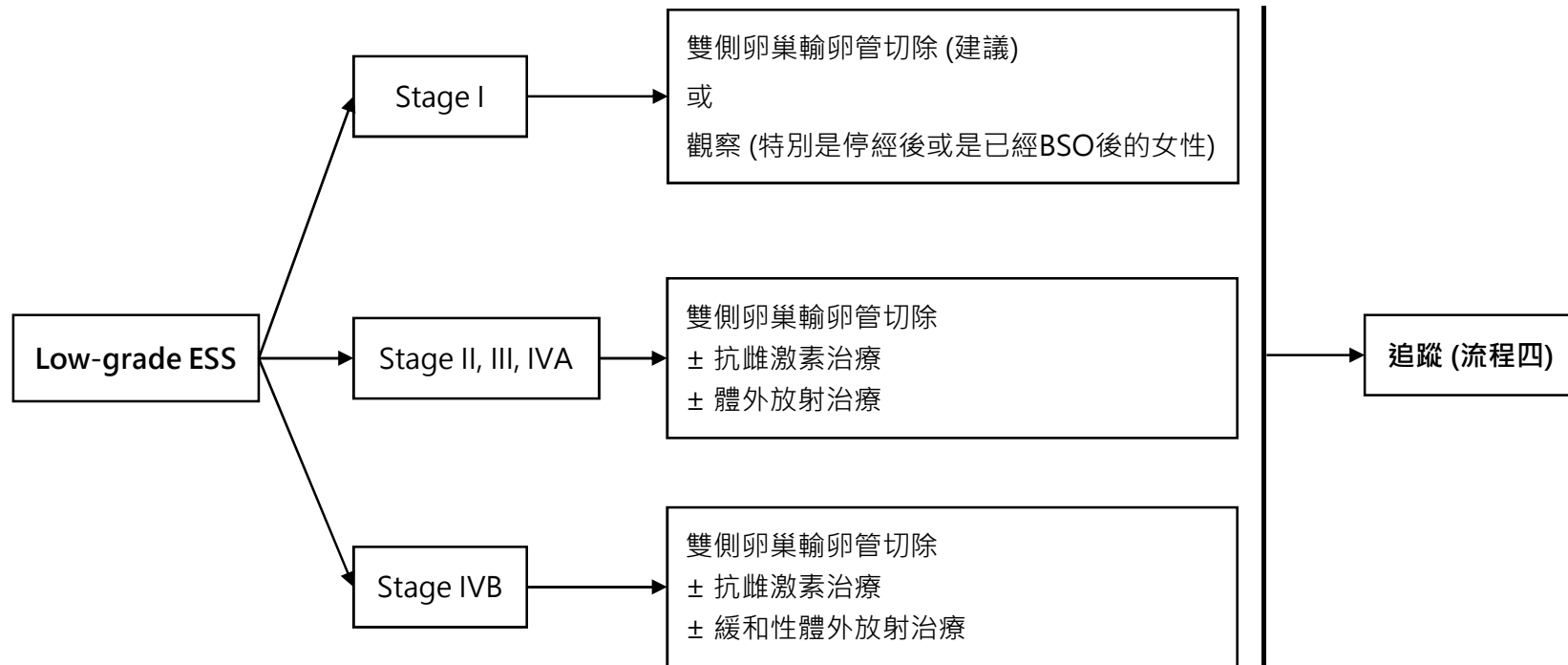
流程一

高雄榮總婦癌團隊 子宮惡性肉瘤 臨床治療指引

病理組織發現

期別

額外治療



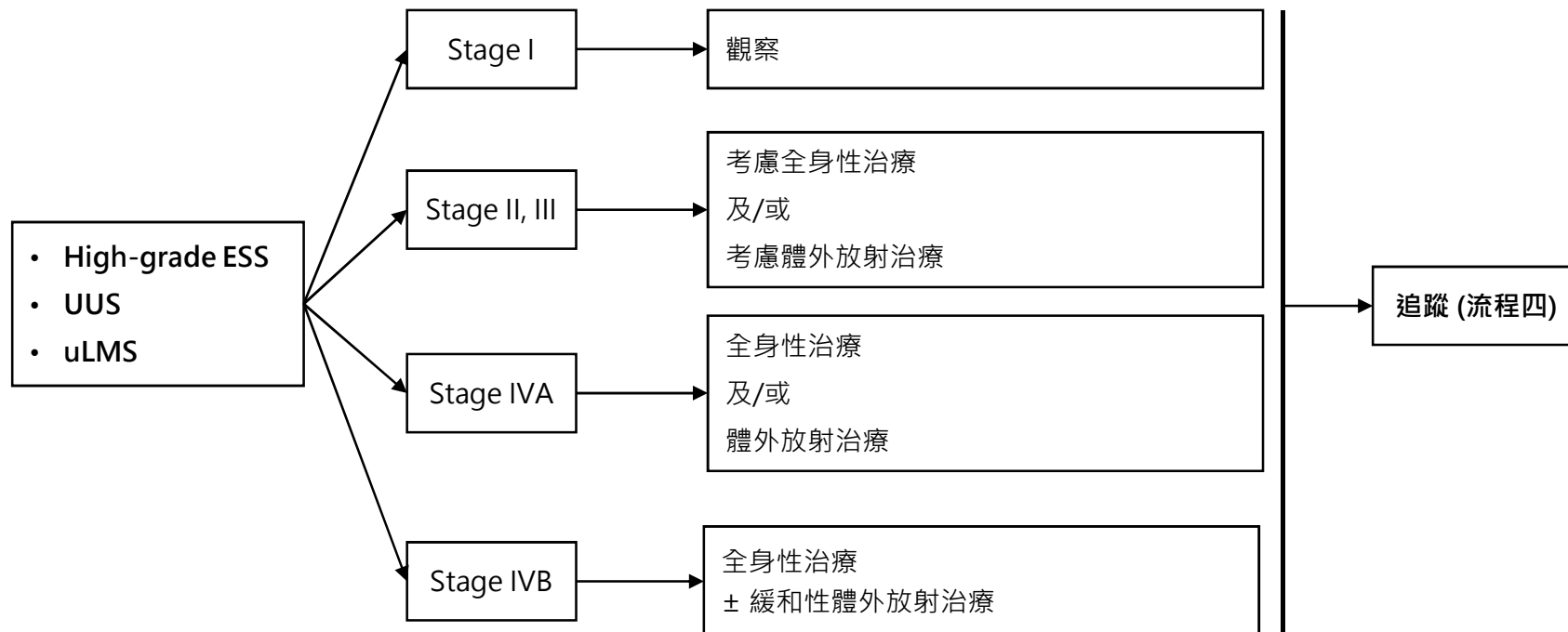
流程二

高雄榮總婦癌團隊 子宮惡性肉瘤 臨床治療指引

病理組織發現

期別

額外治療



UUS: Undifferentiated uterine sarcoma
uLMS: Uterine leiomyosarcoma

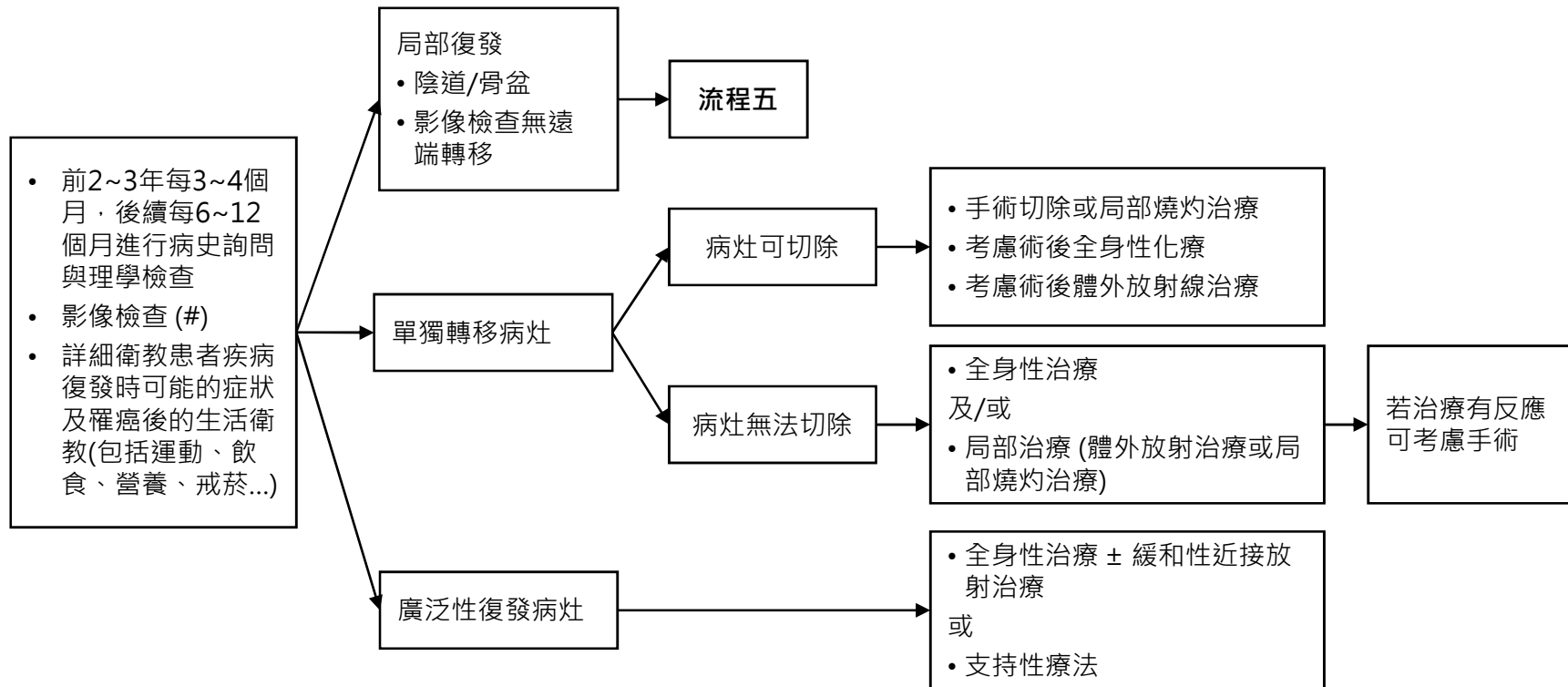
流程三

高雄榮總婦癌團隊 子宮惡性肉瘤 臨床治療指引

追蹤

復發

復發後治療



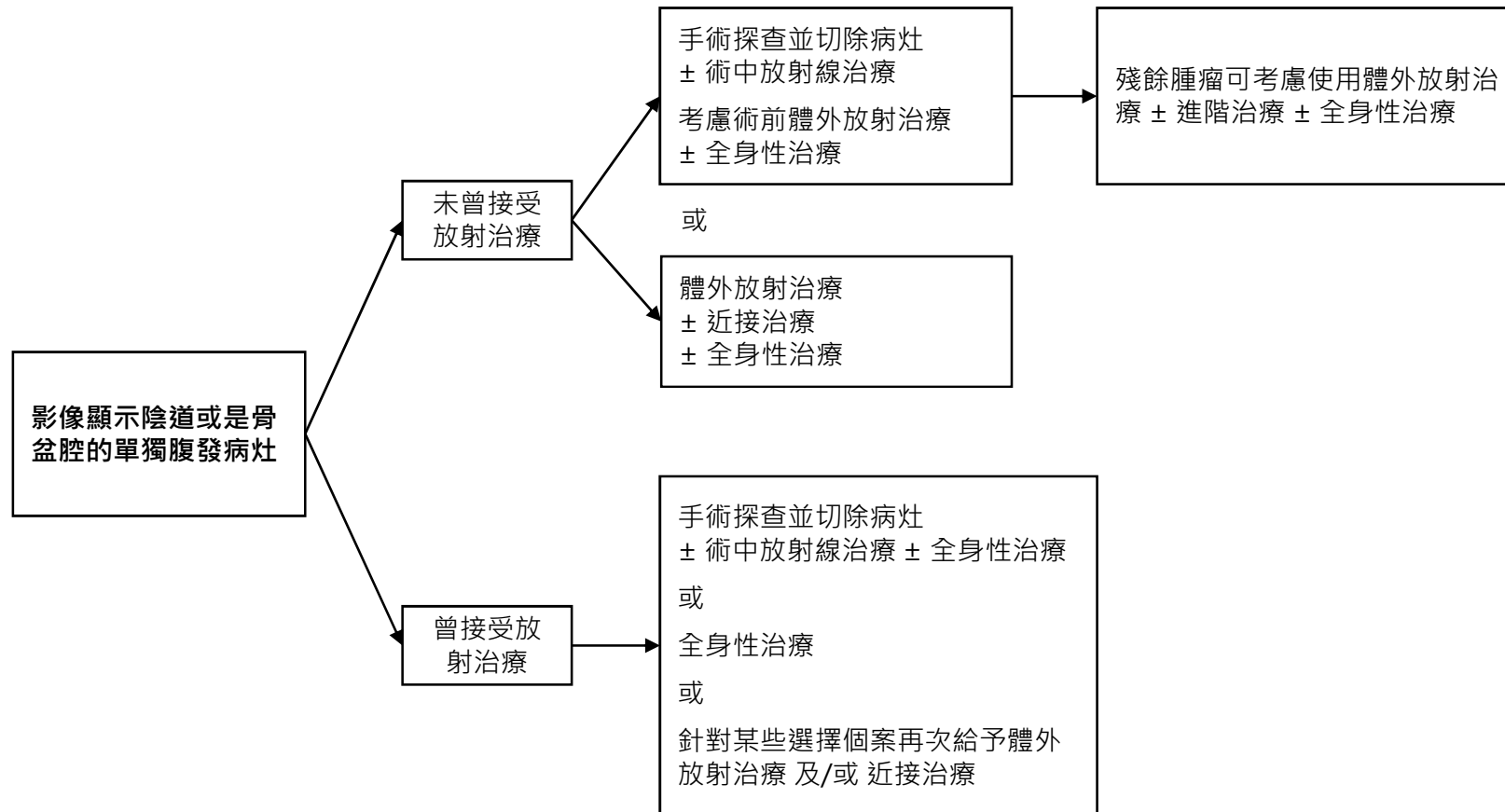
#: 術後前三年視狀況需要可以每3~6個月安排胸/腹部/骨盆腔電腦斷層，接下來兩年可每6~12個月安排一次。後續五年視病理組織和期別需要可每6個月安排一次電腦斷層。根據臨床需要可以安排核磁共振或是正子掃描。

流程四

高雄榮總婦癌團隊 上皮性卵巢癌、輸卵管癌、女性腹膜癌臨床治療指引

疾病復發

針對復發治療



流程五

輔助性或援救性化學治療

建議處方：

1. Dacarbazine (DTIC) + Epirubicin + Platinum + Ifosfamide, Q3W x 6 cycles (Ref.1)
 - a. Dacarbazine: 200mg QD x 5d
 - b. Epirubicin: 50mg/m² STAT
 - c. Carboplatin AUC=5 (if CCr<60) or cisplatin 50mg/m² STAT (if CCr ≥ 60)
 - d. Ifosfamide 4mg/m² STAT
2. Gemcitabine + Docetaxel, Q4W x6 cycles (Ref.2)
 - a. Gemcitabine: D1 and D8 675~900mg/m²
 - b. Docetaxel 75~100mg/m²
3. Trabectedin 1.2~1.5 mg/m², Q3W, until disease progression (針對leiomyosarcoma, 需使用在曾接受過 anthracycline 治療過的患者) (Ref.5)

標靶治療

1. Pazopanib (200mg/tab), 800mg QDAC (Ref.4)

賀爾蒙治療 (Low-grade ESS 或 leiomyosarcoma with ER/PR+)

1. Letrozole 2.5mg QD (Ref.3)
2. Megestrol 160mg QD
3. Medroxyprogesterone 500mg QD
4. GnRH agonist (for low-grade ESS and leiomyosarcoma with ER/PR+)

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